

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

WORCESTER, ss.

In re:	)	
	)	Chapter 7
	)	Case No. 23-40709-CJP
WESTBOROUGH SPE LLC,	)	
	)	
	)	
LOLONYON AKOUETE,	)	
	)	
Plaintiff,	)	
v.	)	Adversary Proceeding: 24-04017
	)	
JONATHAN GOLDSMITH,	)	
	)	
Defendant.	)	
	)	

MOTION FOR WAIVER OF FILING FEES

Now comes Lolonyon Akouete, in the above-captioned matter, and respectfully requests a waiver of the filing fees for the pending bankruptcy case, including the motion for relief from the stay and the adversary proceeding. The basis for this request is detailed in the attached "Affidavit of Indigency" which demonstrates the applicant's financial inability to afford the court costs.

**1. Background**

The applicant, Lolonyon Akouete, has been involved in the Motion to vacate a foreclosure judgment in the land court proceeding since January 4th, 2023. This proceeding has subsequently led to the current bankruptcy case, significantly depleting the applicant's financial resources and rendering them unable to afford additional fees.

**2. Affidavit of Indigency**

Attached herewith is the "Affidavit of Indigency" duly filled and signed under the penalties of perjury, which substantiates the applicant's current financial status. The affidavit provides a detailed account of income, expenses, and assets, asserting that the applicant's income falls below the threshold necessary to sustain basic living expenses while affording court-related costs.

**3. Request for Relief**

The applicant respectfully requests that the Court grant a waiver for:

- The filing fee for the motion for relief from the stay (\$199.00).
- The filing fee for the adversary proceeding (\$350.00).
- Any other court-related fees or costs, as detailed in the attached affidavit.

#### **4. Legal Authority**

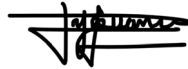
Pursuant to 28 U.S.C. § 1930(f), the court may waive the filing fee for individuals who can demonstrate that payment of the fee would constitute an undue hardship or that they are unable to pay due to their financial situation. This provision supports the court's authority to waive fees in circumstances where the applicant's access to justice may be impeded by financial barriers.

#### **Conclusion**

Based on the foregoing, and in the interests of justice and equity, the applicant respectfully requests that this Court grant a waiver of the filing fees associated with this bankruptcy case and any related adversary proceedings.

DATED: April 25, 2024,

Respectfully submitted:



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Lolonyon Akouete  
Manager of Westborough SPE, LLC  
1241 Deer Park Ave., Suite 1, #1051  
North Babylon, NY 11703  
info@smartinvestorsllc.com  
(443) 447-3276

# AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION  
OR STATE PAYMENT OF FEES & COSTS

(Note: If you are **currently confined in a prison or jail** and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), **do not use this form**. Obtain separate forms from the clerk.)

UNITED STATES BANKRUPTCY COURT DISTRICT OF MASSACHUSETTS

Case No. 23-40709-CJP and Adversary Proceeding: 24-04017

Court

Case Name and Number (if known)

Name of applicant: Lolonyon Akouete

Address: 800 Red Mills Rd Wallkill NY 12589  
(Street and number) (City or town) (State and Zip)

**SECTION 1:** Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:  
**I AM INDIGENT** in that (*check only one*):

☐ (A) I receive public assistance under (*check form of public assistance received*):

- |   |   |
|---|---|
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Medicaid (MassHealth)              |
| <input type="checkbox"/> Emergency Aid to Elderly, Disabled or Children (EAEDC)       | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Massachusetts Veterans Benefits Programs; <b>or</b>          |   |

☐ (B) My income, less taxes deducted from my pay, is \$ \_\_\_\_\_ per ☐ week ☐ biweekly ☐ month ☐ year  
(*check the period that applies*) for a household of \_\_\_\_\_ persons, consisting of myself and \_\_\_\_\_ dependents;  
which income is at or below the court system's poverty level; (*Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at:*  
*<https://www.mass.gov/doc/poverty-threshold-guidelines/download>. The court system's poverty level is updated each year.*)(List any other available household income for the checked period on this line: \$ \_\_\_\_\_ ); **or**

☒ (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

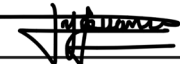
**SECTION 2:** (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): (Check all that apply and, in any "\$ \_\_\_\_" blank, indicate your best guess as to the cost, **if known**.)

- ☒ Filing fee and any surcharge. \$ 350.00
- ☒ Filing fee and any surcharge for appeal. \$ 199.00
- ☐ Fees or costs for serving court summons, witness subpoenas or other court papers. \$ \_\_\_\_\_
- ☐ Other fees or costs of \$ \_\_\_\_\_ for (specify): \_\_\_\_\_
- ☐ Substitution (specify): \_\_\_\_\_

**SECTION 3:** I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid for by the state:

- ☐ Cost, \$ \_\_\_\_\_, of expert services for testing, examination, testimony or other assistance (specify): \_\_\_\_\_
- ☐ Cost, \$ \_\_\_\_\_, of taking and/or transcribing a deposition of (specify name of person): \_\_\_\_\_
- ☐ Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-public defender).
- ☐ Appeal bond
- ☐ Cost, \$ \_\_\_\_\_, of preparing written transcript of trial or other proceeding
- ☐ Other fees and costs, \$ \_\_\_\_\_, for (specify): \_\_\_\_\_
- ☐ Substitution (specify) \_\_\_\_\_

Date signed 4/24/2024	Signed under the penalties of perjury  x _____
By order of the Supreme Judicial Court, all information in this affidavit is <b>CONFIDENTIAL</b> . Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.	
This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003. Fillable PDF created August 2013.	

## SUPPLEMENT TO AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION  
OR STATE PAYMENT OF FEES & COSTS

*(Note: If you checked (C) on the AFFIDAVIT OF INDIGENCY, you must complete this form.)*

UNITED STATES BANKRUPTCY COURT DISTRICT OF MASSACHUSETTS

Case No. 23-40709-CJP and Adversary Proceeding: 24-04017

Court

Case Name and Number (if known)

Name of applicant: Lolonyon Akouete

Address: 800 Red Mills Rd Wallkill NY 12589  
(Street and number) (City or town) (State and Zip)

Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear or affirm as follows:

### 1. PERSONAL INFORMATION

(a) Date of Birth: 10/08/1986

(b) Highest Grade in School: 199.00

(c) Special Training: N/A

(d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses:

N/A

(e) Number of Dependents: \_\_\_\_\_

### 2. INCOME AFTER TAXES (monthly)

(a) If from employment, list your occupation and employer's name and address:

\$250

(b) Sources of income, if not from employment:

Independent Investigator, CA State Controller

(c) My gross annual income for the past twelve months was: \$ 3,000.00

(d) Gross Income (monthly): \$ 250

(e) Taxes Deducted (monthly):

Federal Tax	\$ <u>N/A</u>
State Tax	\$ <u>N/A</u>
Social Security	\$ <u>N/A</u>
Medicare	\$ <u>N/A</u>
Other Taxes ( <i>specify</i> ) _____	\$ <u>N/A</u>

Total Taxes Deducted \$ \_\_\_\_\_

(f) Total Income After Taxes (*subtract 2(e) from 2(d)*): \$ 250

(g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes:

N/A

### 3. NET INCOME (monthly)

(a) Income After Taxes (*from line 2(f)*): \$ 250

(b) Expenses (monthly):

Rent or Mortgage	\$ <u>N/A</u>	Uninsured Medical Expenses	\$ <u>N/A</u>
Food	\$ <u>N/A</u>	Child Care	\$ <u>N/A</u>
Electricity	\$ <u>N/A</u>	Education Expenses for Children	\$ <u>N/A</u>
Gas	\$ <u>N/A</u>	Child Support	\$ <u>N/A</u>
Oil	\$ <u>N/A</u>	Clothing	\$ <u>N/A</u>
Water	\$ <u>N/A</u>	Laundry/Cleaning	\$ <u>N/A</u>
Telephone	\$ <u>38.47</u>	Car Insurance	\$ <u>31.50</u>
Health Insurance	\$ <u>N/A</u>	Transportation Expenses	\$ <u>N/A</u>
Other ( <i>specify</i> ): <u>Healhcare Finance Direct account</u>		\$ <u>88.81</u>	
<u>Subscriptions: (Adobe, Truthfinder, CRM...)</u>		\$ <u>71.50</u>	

Total Expenses \$ 191.81

(c) Income After Taxes Minus Expenses (monthly) (*subtract 3(b) from 3(a)*): \$ 58.19

4. ASSETS

(a) Own Home? Yes ☐ No ☒ Market Value \$ \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

(b) Own Car? Yes ☒ No ☐ Year & Make Lexus LS400 1998, not running

Market Value \$ 1,190 Balance Owed \$ 0

(c) Bank Accounts (specify type and balance)

DCU Federal Credit Union: \$65.90 Heritage Financial Account: \$11.74 TD Ameritrade: \$50.22

(d) Other Property including Real Estate (specify type and value)

N/A

5. DEBTS

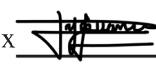
(a) Specify:

I have personally guaranteed a \$10K loan from my friend to pay legal fees for Westborough SPE

6. MISCELLANEOUS

(a) Other facts which may be relevant to your ability to pay fees and costs?

I have exhausted all my funds on the Westborough SPE LLC cases, which have been ongoing f

Signed under the penalties of perjury: Signature: x 

Type/Printed Name: Lolonyon Akouete

Address: 800 Red Milles RD

City: Wallkill State: NY Zip Code: 12589

Date signed: 4/24/2024

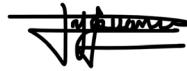
**By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.**

This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003.  
Fillable PDF created August 2013.

CERTIFICATE OF SERVICE

I, Lolonyon Akouete, hereby certify that the above document(s) were served by email and by mailing a copy of the same via first-class mail to the following:

Jonathan R. Goldsmith  
Goldsmith, Katz & Argenio, P.C.  
1350 Main Street, 15th Floor  
Springfield, MA 01103  
[jgoldsmith@gkalawfirm.com](mailto:jgoldsmith@gkalawfirm.com)  
[trusteedocs1@gkalawfirm.com](mailto:trusteedocs1@gkalawfirm.com)



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Lolonyon Y Akouete